


Serial No.: 09/781361
Attorney Docket No: 160-016

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Transmittal x 2	2 pages
Fee Sheet x 2	2 pages
Terminal Disclaimer	1 page
Amendment	6 pages
Total including this sheet	12 <u>pages</u>

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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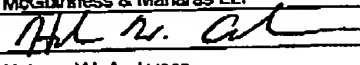
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/781361
	Filing Date	Feb 18, 2004
	First Named Inventor	Backes, Floyd
	Art Unit	2686
	Examiner Name	Holliday
Total Number of Pages In This Submission	Attorney Docket Number	160-016

ENCLOSURES (Check all that apply)

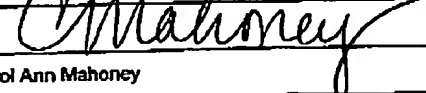
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PLEASE CHARGE ANY FEE DEFICIENCY OR CREDIT ANY OVERPAYMENT TO DEPOSIT ACCOUNT 502569**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	McGuinness & Manaras LLP
Signature	
Printed name	Holmes W. Anderson
Date	February 1, 2006
Reg. No.	37272

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Signature	
Typed or printed name	Carol Ann Mahoney
Date	February 1, 2006

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PTO/SB/21 (09-04)

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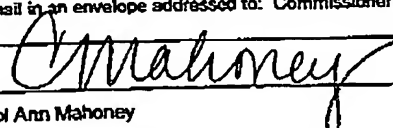
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<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	McGuinness & Manaras LLP		
Signature			
Printed name	Holmes W. Anderson		
Date	February 1, 2006	Reg. No.	37272

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Typed or printed name	Carol Ann Mahoney	Date	February 1, 2006

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PTO/SB/17 (12-04)

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Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant Claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** **(\$)** 130.00**Complete if Known**

Application Number 10/781361

Filing Date 2/18/2004

First Named Inventor Backes, et al.

Examiner Name Holliday

Art Unit 2686

Attorney Docket No. 160-016

RECEIVED**CENTRAL FAX CENTER****FEB 01 2006****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account. Deposit Account Number: 502569 Deposit Account Name: McGuinness & Manaras LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charges fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

0 - 20 or HP = 0 x \$25.00 = \$ 0.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

0 - 3 or HP = 0 x \$100.00 = \$ 0.00

HP = highest number of independent claims paid for, if greater than 3

\$180.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

0 - 100 = 0 : /50 = 0 (round up to a whole number) x \$125.00 = \$ 0.00

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer Fee

130.00**SUBMITTED BY**

Signature *H. W. Anderson* Registration No. 37272 Telephone 978-264-6664

Name (Print/Type) Holmes W. Anderson Date 1/31/2006

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